

106TH CONGRESS
2D SESSION

H. R. 5080

To revise and extend the Medicare community nursing organization (CNO)
demonstration project.

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2000

Mr. RAMSTAD (for himself, Mr. RANGEL, and Mr. KOLBE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To revise and extend the Medicare community nursing
organization (CNO) demonstration project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Community
5 Nursing Organization Demonstration Project Revision
6 and Extension Act of 2000”.

1 **SEC. 2. REVISED TERMS AND CONDITIONS FOR EXTENSION**
2 **OF MEDICARE COMMUNITY NURSING ORGA-**
3 **NIZATION (CNO) DEMONSTRATION PROJECT.**

4 (a) IN GENERAL.—Section 532 of the Medicare,
5 Medicaid, and SCHIP Balanced Budget Refinement Act
6 of 1999 (113 Stat. 1501A–388), as enacted into law by
7 section 1000(a)(6) of Public Law 106–113, is amended—

8 (1) in subsection (a), by striking the second
9 sentence; and

10 (2) by striking subsection (b) and inserting the
11 following:

12 “(b) TERMS AND CONDITIONS.—

13 “(1) JANUARY THROUGH SEPTEMBER 2000.—
14 For the 9-month period beginning with January
15 2000, any such demonstration project shall be con-
16 ducted under the same terms and conditions as ap-
17 plied to such demonstration during 1999.

18 “(2) OCTOBER 2000 THROUGH DECEMBER
19 2001.—For the 15-month period beginning with Oc-
20 tober 2000, any such demonstration project shall be
21 conducted under the same terms and conditions as
22 applied to such demonstration during 1999, except
23 that the following modifications shall apply:

24 “(A) BASIC CAPITATION RATE.—The basic
25 capitation rate paid for services covered under
26 the project (other than case management serv-

ices) per enrollee per month shall be basic capitation rate paid for such services for 1999, reduced by 10 percent in the case of the demonstration sites located in Arizona, Minnesota, and Illinois, and 15 percent for the demonstration site located in New York.

“(B) TARGETED CASE MANAGEMENT FEE.—A case management fee shall be paid only for enrollees who are classified as ‘moderate’ or ‘at risk’ through a baseline health assessment (as required for Medicare+Choice plans under section 1852(e) of the Social Security Act (42 U.S.C.1395ww–22(e))).

“(C) GREATER UNIFORMITY IN CLINICAL FEATURES AMONG SITES.—Each project shall implement for each site—

“(i) protocols for periodic telephonic contact with enrollees based on—

“(I) the results of such standardized written health assessment; and

“(II) the application of appropriate care planning approaches;

“(ii) disease management programs for targeted diseases (such as congestive heart failure, arthritis, diabetes, and hy-

pertension) that are highly prevalent in the enrolled populations;

“(iii) systems and protocols to track enrollees through hospitalizations, including pre-admission planning, concurrent management during inpatient hospital stays, and post-discharge assessment, planning, and follow-up; and

“(iv) standardized patient educational materials for specified diseases and health conditions.

“(D) QUALITY IMPROVEMENT.—Each project shall implement at each site once during the 15-month period—

“(i) enrollee satisfaction surveys; and

“(ii) reporting on specified quality indicators for the enrolled population.

“(c) EVALUATION.—

“(1) PRELIMINARY REPORT.—Not later than July 1, 2001, the Secretary of Health and Human Services shall submit to the Committees on Ways and Means and Commerce of the House of Representatives and the Committee on Finance of the Senate a preliminary report that—

1 “(A) evaluates such demonstration projects
2 for the period beginning July 1, 1997, and end-
3 ing December 31, 1999, on a site-specific basis
4 with respect to the impact on per beneficiary
5 spending, specific health utilization measures,
6 and enrollee satisfaction; and

7 “(B) includes a similar evaluation of such
8 projects for the portion of the extension period
9 that occurs after September 30, 2000.

10 “(2) FINAL REPORT.—The Secretary shall sub-
11 mit a final report to such Committees on such dem-
12 onstration projects not later than July 1, 2002.
13 Such report shall include the same elements as the
14 preliminary report required by paragraph (1), but
15 for the period after December 31, 1999.

16 “(3) METHODOLOGY FOR SPENDING COMPARI-
17 SONS.—Any evaluation of the impact of the dem-
18 onstration projects on per beneficiary spending in-
19 cluded in such reports shall be based on a compari-
20 son of—

21 “(A) data for all individuals who—

22 “(i) were enrolled in such demonstra-
23 tion projects as of the first day of the pe-
24 riod under evaluation; and

1 “(ii) were enrolled for a minimum of
2 6 months thereafter; with

3 “(B) data for a matched sample of individ-
4 uals who are enrolled under part B of title
5 XVIII of the Social Security Act and are not
6 enrolled in such a project, or in a
7 Medicare+Choice plan under part C of such
8 title, a plan offered by an eligible organization
9 under section 1876 of such Act, or a health
10 care prepayment plan under section
11 1833(a)(1)(A) of such Act.”.

12 (b) EFFECTIVE DATE.—The amendments made by
13 subsection (a) shall be effective as if included in the enact-
14 ment of section 532 of the Medicare, Medicaid, and
15 SCHIP Balanced Budget Refinement Act of 1999 (113
16 Stat. 1501A–388), as enacted into law by section
17 1000(a)(6) of Public Law 106–113.

○